

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		59	5181
<b>FORMALITY REVIEW</b>	TH	953	06-18-01
<b>RESPONSE FORMALITY REVIEW</b>	SG	1077	9/28/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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6/10/01  
12-12-01  
12-12-01